


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90045 038 ***150.00

DOCUMENT # P02000116078	
1. Entity Name RJA CONDOMINIUM INVESTMENTS, INC.	

Principal Place of Business 1953 SW MACEDO BLVD PORT ST. LUCIE FL 34983	Mailing Address 1953 SW MACEDO BLVD PORT ST. LUCIE FL 34983
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 02-0649814	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BELLANTONI, ROCCO 3702 TANAGER PL. FORT PIERCE FL 34982	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>James R. Bellantoni</u> Signature, typed or printed name of registered agent and title if applicable.	<u>James R. Bellantoni</u> 3-15-04 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS TUBITO, NICHOLAS <input checked="" type="checkbox"/> Delete 5405 STATELY OAKS STREET FORT PIERCE FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BELLANTONI, ROCCO <input type="checkbox"/> Delete 613 SE FORGAL STREET PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSVT James R. Bellantoni <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 734 SE Duxbury Ave. Port St. Lucie, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT 3702 Tanager Place Ft. Pierce, FL 34982 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Bellantoni James R. Bellantoni 3-15-04 (772) 873-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #